## PART B-FEE(S) TRANSMITTAL

Complete any men this fo	rm, together with app	olicable fee(s), to:	<u>Mail</u> <u>Fax</u>	Mail Stop ISS Commissione P. O. Box 145 Alexandria, V (703) 746-400	er for Pate 50 A 22313		
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FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P. 07/25/2005 #BEYENE2 00000145 10764972 901 New York Avenue, NW 01 FC:1501 1400.00 WASHINGTON, DC 20001-424163:1504 300.00					Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, Do being facsimile transmission to the USPTO, on the date indicated below.  [P] (Depositor's name) (Signature)		
APPLICATION NO. FILING DATE FIRST NAMED I				TOR	ATTO	RNEY DOCKET NO.	(Date
10/764,972 01/26/2004 Douglas E						9311	
TITLE OF SYSTEMS AND METHODS FOR BLOOD GLUCOSE SENSING INVENTION							
APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PI	JBLICATION	FEE	TOTAL FEE(S) DU	DATE DUE
nonprovisional	NO	\$1400		\$300		\$1700	08/04/2005
EXAMINER				ART UNIT			CLASS-SUBLCASS
WALLENHORST, MAUREEN				1743			436-095000
Change of correspondence address or indication of "Fee Address" (37 CFR. 1.3     Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				ess (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If			Finnegan, Henderson,     Farabow, Garrett &
"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. Use of a Customer Number is required.							3. Dunner, L.L.P.
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE: (B) RESIDENCE: (CITY & STATE OR COUNTRY):							
HOME DIAGNOSTICS, INC. FT. LAUDERDALE, FLORIDA							
Please check the appropriate assignee category indicated below (will not be printed on the patent); 🔲 individual 🛮 🖾 corporation or other private group entity							
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☑ Publication Fee (No small entity discount permitted)					ayment by credit card. Form PTO-2038 is attached		
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